

# Medical Assessments, Inc.

4833 Thistledown Dr.  
Fort Worth, TX 76137  
P: 817-751-0545  
F: 817-632-9684

## Notice of Independent Review Decision

March 31, 2015

### IRO CASE #:

#### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L3-4, L4-5 facet injection with sedation (64493, 64494, 64495, 77003, 99144)

#### A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The Reviewer is Board Certified in the area of Anesthesiology with over 6 years of experience, including Pain Management

#### REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

#### PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a male who was injured on xx/xx/xx when he had to lift a vending machine off of his co-worker. As a result, he sustained an L5-S1 HNP and underwent surgery on 3/2/2011.

09/29/2011: MRI Lumbar Spine. **Impression:** 1. Postsurgical changes at L5-S1. 2. L3-L4 and L4-L5 mild disc bulging, without significant spinal canal or neural foraminal stenosis.

05/22/2013: Electrodiagnostic Testing. **Electrodiagnostic Findings:** 1. Impaired left H reflex. 2. Impaired left L5-S1 innervated muscles.

**Electrodiagnostic Conclusion:** Left S1 radiculopathy. **Clinical Impression:** 1. L5-S1 disc protrusion. 2. L5-S1 laminectomy with fusion. 3. Left S1 radiculopathy.

06/19/2013: Follow up visit. **Impression:** 1. L5-S1 disc protrusion. 2. L5-S1 laminectomy with fusion and bi pedicular screws. 3. SI joint pain.

01/30/2014: Office visit. Claimant was seen for follow up. Pain level 6, 7/10. **Plan:** Performed MBB of L4-S1 levels bilat to establish whether or not pt is candidate for RFTC of those levels. **Medication:** 1 medrol 4mg.

04/14/2014: Office visit. Claimant was seen for follow up. Pain level 7/10. **PE:** Decreased ROM throughout the lumbar spine. Moderate spasm and pain with palpation throughout, especially over the lower lumbar facet bilaterally. Pain with extension at 20 degrees, flexion at 30 degrees, and rotation-extension. Some pain with hip rotation. Lower extremities: normal tone, bulk, strength, reflexes are 2+. **Assessment:** Lumbosacral spondylosis without myelopathy. Lumbar HNP/Disc Displacement without Myelopathy. Chronic pain syndrome. **Plan:** MCC L3, L4, L5, S1 in expectation of RF ablation. Refer to PT for functional restoration program after injections and subsequent RF ablation to help with core strengthening.

05/23/2014: Office visit. **Current Medications:** Medrol 4mg, Ibuprofen 800mg, Celebrex 200mg. Lumbar facet Nerve injection: Bilateral L3, L4, L5 and S1 lumbar facet nerve injection.

07/22/2014: Office visit. Claimant complained of low back pain and lower extremity pain. Pain score 4/10. Claimant received good relief of 50% for 6 weeks. Still has some relief left but not the full 50%. Claimant was able to increase his length of driving since he felt better pain score went from a 7 to a 4. **Plan:** Lumbar radiofrequency ablation.

10/09/2014: Office visit. Claimant complained of low back, hip and leg pain. Pain score: 4/10. Claimant had increase numbness in both leg-pain across low back pain.

01/22/2015: Office visit. Claimant was seen for medication follow up. Claimant's pain has been relieved 50% during the last 3 months. Pain score: 6/10.

02/12/2015: UR. Rationale for denial: In this case, there appeared to be provocative findings that would indicate positive facet loading, and there appeared to be tenderness to palpation, apparently at the facets in questions, but the need for sedation has not been identified. It does not appear that there is radiculopathy, only axial back pain, and this would support facet blocks but was unable to establish after two successive calls over two consecutive days why sedation would be necessary relative to the above reference guideline criteria. Therefore, medical necessity has not been established for this request.

03/03/2015: Ur. Rationale for denial: is a male who sustained an injury on xx/xx/xx. In my judgement, the clinical information provided does not establish the medical necessity of this request. There is no appreciation in the treatment notes

supporting the need of IV sedation. There is no reported psychological condition, anxious component, or behavioral disorder that would support the need of IV sedation. There is also reported diagnosis of lumbar radiculopathy of which this condition is non-supportive of facet joint injection treatment per the ODG Low back Chapter regarding lumbar facet injection with sedation: Facet joint diagnostic blocks. The guidelines state facet joint injections should be conducted only in the absence of radicular findings. Therefore, the request for bilateral L3-L4, L4-L5 facet injection with sedation with CPT codes 64493, 64494, 64495, 77003, and 99144 date range 2/13/15 to 3/13/15 is not medically necessary.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The previous determination is upheld. Claimant is a male who sustained an injury on xx/xx/xx. In the records provided, there is no reported psychological condition, anxious component, or behavioral disorder that would support the need of IV sedation. Additionally, claimant has lumbar radiculopathy. Per ODG, facet injections are not indicated in patients with radicular pain. Therefore, the request for bilateral L3-L4, L4-L5 facet injection with sedation with CPT codes 64493, 64494, 64495, 77003, and 99144 date range 2/13/15 to 3/13/15 is non-certified at this time.

#### **ODG Guidelines:**

##### **Criteria for the use of diagnostic blocks for facet “mediated” pain:**

Clinical presentation should be consistent with [facet joint pain, signs & symptoms](#).

1. One set of diagnostic medial branch blocks is required with a response of  $\geq 70\%$ . The pain response should last at least 2 hours for Lidocaine.
2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint.
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a “sedative” during the procedure.
8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. ([Resnick, 2005](#))
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. ([Franklin, 2008](#))]

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR  
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)